



APPLICATION FOR CONTRACTORS REGISTRATION

Office Use Only

Regist. # _____

Amt. Paid: _____

Cash ☐

Check ☐ Ck# _____

Processed By: _____

Date: _____

Office Location: 101 East Vine Street, 2nd Floor
Lexington, KY 40507

Mailing Address: LFUCG
Contractors Registration
200 East Main Street
Lexington, KY 40507

Phone: (859)258-3243

Fax: (859)258-3780

BUSINESS INFORMATION

Business Name: _____

Additional Business Name (must possess the same taxpayer identification number as above business): _____

Additional Business Name (must possess the same taxpayer identification number as above business): _____

Business Address: _____

City: _____

State: _____

Zip: _____

Business Phone: _____

REGISTRATION TYPE (Refer to Ord. 5-90(a)(1)(2)(3) for more detailed information)

- ☐ General Contractor - performs commercial, industrial, public works, and/or residential construction of larger than 4-family homes (4-plex); and may supervise, arrange and/or perform partly or completely more than two unrelated building trades or crafts.
- ☐ General Contractor, Residential Only - constructs up to 4-family homes (4-plex), or performs home remodeling and may supervise, arrange, and/or perform partly or completely more than two unrelated building trades or crafts.
- ☐ Specialty Contractor - performs commercial, industrial, public works, and residential construction and specializes in two or fewer unrelated building trades or crafts.

SPECIALTY CONTRACTORS - SELECT TRADES OR CRAFTS THAT YOU PERFORM: (maximum of 2)

- | | | | | | |
|---|--|--------------------------------------|---|--|--|
| <input type="checkbox"/> Alarm/Security Systems | <input type="checkbox"/> Doors/Windows | <input type="checkbox"/> Flooring | <input type="checkbox"/> Painting | <input type="checkbox"/> Signage | <input type="checkbox"/> Other: (List below) |
| <input type="checkbox"/> Trim Carpentry | <input type="checkbox"/> Drywalling | <input type="checkbox"/> Framing | <input type="checkbox"/> Paving/Surfacing | <input type="checkbox"/> Sprinkler Systems | _____ |
| <input type="checkbox"/> Carpeting | <input type="checkbox"/> Electrical | <input type="checkbox"/> Guttering | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Tile | _____ |
| <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> Excavation | <input type="checkbox"/> HVAC | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Wall Coverings | _____ |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Fencing | <input type="checkbox"/> Insulation | <input type="checkbox"/> Roofing | | _____ |
| | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Siding | | _____ |

LIST CURRENT STATE LICENSES HELD FOR THE TRADES YOU PERFORM i.e., HVAC, Electrical, Plumbing (Attach copy of license)

Type of License:	License No:	Expiration Date:
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Complete only the section that applies to your business - Individual, Partnership, or Corporation

INDIVIDUAL				
Owner Name:	Social Security Number or Taxpayer ID No.:			
Residence Address:	City:	State:	Zip:	Business Phone:
Manager/person responsible if different from individual owner:				
Residence Address:	City:	State:	Zip:	Business Phone:

PARTNERSHIP (If more than 2 partners, attach additional sheet)				
Partner Name:	Social Security Number or Taxpayer ID No.:			
Residence Address:	City:	State:	Zip:	Business Phone:
Partner Name:	Social Security Number or Taxpayer ID No.:			
Residence Address:	City:	State:	Zip:	Business Phone:
Manager/person responsible if different from partners:				
Residence Address:	City:	State:	Zip:	Business Phone:

CORPORATION				
Officer Name:	Title:	Federal Identification No.:		
Residence Address:	City:	State:	Zip:	Business Phone:
Officer Name:	Title:			
Residence Address:	City:	State:	Zip:	Business Phone:
Officer Name:	Title:			
Residence Address:	City:	State:	Zip:	Business Phone:
Officer Name:	Title:			
Residence Address:	City:	State:	Zip:	Business Phone:
Manager/person responsible if different from officers:				
Residence Address:	City:	State:	Zip:	Business Phone:

LIABILITY AND WORKERS' COMPENSATION INSURANCE REQUIREMENTS**(Certificates must be faxed to us from the insurance agent listing LFUCG, Contractors Registration as a certificate holder)**

Registration Type	Premises and Products and Completed Operations Liability Insurance Coverage	Workers' Compensation
General Contractor	\$500,000 coverage each occurrence	Certificate or Affidavit of Exemption
General Contractor, Residential Only	\$250,000 coverage each occurrence	Certificate or Affidavit of Exemption
Specialty Contractor	\$100,000 coverage each occurrence	Certificate or Affidavit of Exemption

AFFIDAVIT OF EXEMPTION FROM THE KENTUCKY WORKERS' COMPENSATION ACT**(Complete applicable section, Individual or Corporation/Partnership)****INDIVIDUAL**

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain worker's compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, applicant states that the following facts are true and correct:

CORPORATION OR PARTNERSHIP

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain worker's compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, applicant states that the following facts are true and correct:

CONTRACT REQUIREMENTS (Refer to Ord. Sec. 5-88 (c) and 5-95 for more detailed contract information)

I certify, by my signature on this application, that all contracts for work or services exceeding \$1500 will be in writing and include, at a minimum, the following:

- ☐ Entire agreement between the owner and the registered contractor
- ☐ Names and addresses of all parties
- ☐ Date when executed by the parties
- ☐ Full and complete description of the work to be performed and/or the goods or services to be furnished
- ☐ Terms of the payment
- ☐ Anticipated date by which performance is to begin, and the anticipated date performance is to be completed
- ☐ The process the property owner may follow for resolution of disputes with the registered contractor, including the identification of matters, which shall be subject to dispute resolution, identification of the entity which will hear such disputes, and any costs associated with the dispute resolution process
- ☐ Statement by the registered contractor that all work will be performed in accordance with applicable federal, state and local codes and regulations
- ☐ A statement as to whether any of the work is covered by a warranty and, if so, a description of said warranty

NOTE: The foregoing items are not intended to be an exhaustive list of contract terms, and other provisions may be necessary and/or desirable for legal purposes. It is the responsibility of the contractor to prepare the contract and include any necessary clauses.

CERTIFICATION OF CURRENT BUSINESS LICENSE

I certify, by my signature on this application, that I have a current taxpayer account (business license) with the Lexington-Fayette Urban County Government Division of Revenue.

LFUCG Taxpayer Acct. No. _____

NOTE: If you do not have a current business license, contact the Division of Revenue at (859) 258-3882.

MEDIATION SELECTION AND CERTIFICATION (Refer to Ord. 5-88(e) (f) for more detailed information)

I certify, by my signature on this application, that I will participate in, and abide by, an alternative dispute resolution process to investigate and resolve complaints regarding the applicant and will abide by any mediated agreement reached in such a process. I understand that the participation of the applicant in an alternative dispute resolution process does not preclude the applicant from pursuing any other available relief, including the filing of a lawsuit, if a mediated agreement cannot be reached.

Select a mediation service:

- ☐ Home Builders Association of Lexington (Association Members Only)
- ☐ Better Business Bureau of Central & Eastern Kentucky (Members Only)
- ☐ Mediation Center of Kentucky
- ☐ Karen Walker, Law Office & Mediation Service
- ☐ Mediation Settlement Services, Inc.
- ☐ American Arbitration Association (Local Affiliate)

REQUIRED FEE (Enclose check or money order made payable to LFUCG)

	Initial Fee	+	Annual Fee	=	Total
General Contractor	\$40.00	+	\$200.00	=	\$240.00
General Contractor, Residential Only	\$40.00	+	75.00	=	\$115.00
*Specialty Contractor	\$40.00	+	30.00	=	\$70.00

*Any specialty contractor holding a valid and effective state license to perform plumbing, HVAC, or electrical work shall be exempt from the registration fee for these trades, but shall be registered and subject to all terms and conditions of the contractors registration ordinance.

NOTARY

My signature indicates that all information contained herein is complete and accurate.

Signature of applicant if an individual; majority partner if a partnership; president or chief officer
if a corporation; or manager or member if a limited liability corporation

Date

The above was acknowledged and sworn to before me by _____ this _____ day of _____,
200____.

Notary Public
State At Large

My commission expires _____, 20____

Registration shall not be construed to relieve from or lessen the responsibility or liability of any party engaged in making improvements to residential or commercial property for damage to person or property caused by said work; nor shall the Division of Building Inspection be held as assuming any such liability or as warranting the quality of work or materials by reason of the registration of contractors or subcontractors as authorized herein.